



ARIZONA DEPARTMENT OF HEALTH SERVICES

HEARING AID DISPENSER INITIAL LICENSE APPLICATION

IDENTIFYING INFORMATION (Please provide the following information):

Last Name	First Name	MI	Social Security #
Home Address	City	State	Zip Code
Place of Employment			
Business Address	City	State	Zip Code
Business Phone Number	Home Phone Number		
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TYPE OF LICENSE APPLIED FOR (Check one box only)

☐ **Regular Hearing Aid Dispenser License – License by Examination**

When this box is checked, this form serves as an application to sit for the next Arizona Hearing Aid Dispenser Licensing Examination. The date of the next scheduled Hearing Aid Dispenser Licensing Examination may be obtained by calling the Office of Special Licensing at (602) 364-2079.

The Fee associated with this type of Application is \$250. Upon successful completion of the Arizona Hearing Aid Dispenser Examination a Licensing Fee of \$100 will be required.

☐ **Regular Hearing Aid Dispenser License – License by Reciprocity**

A.R.S. § 36-1922 allows for the issuance of a Hearing Aid Dispenser License by reciprocity to a person who is currently licensed in another state or jurisdiction that has been determined to have equivalent requirements for licensure. Individuals who have passed the Hearing Aid Dispenser Examination in a state or other jurisdiction for which Arizona grants reciprocity for licensure as a Hearing Aid Dispenser, and who are currently licensed in that state, may meet this requirement by submitting written documentation from that state or jurisdiction of passing that entities written hearing aid dispenser examination. Information regarding which states and jurisdictions currently have reciprocity can be obtained by calling the Department's Office of Special Licensing at (602) 364-2079.

In accordance with A.R.S. § 36-1922 individuals requesting Licensure by Reciprocity must provide the following documentation from the state or jurisdiction in which they are currently licensed as a Hearing Aid Dispenser: (1) A Letter of Good Standing; (2) A copy of applicable Statutes and Rules relating to the Licensure of Hearing Aid Dispensers; (3) A description of the test taken, the passing criteria for that test, and the Applicant's scores on that test; and (4) a copy of the Applicant's current license.

The Fees associated with this type of Application are a \$100 Application Fee and \$100 Licensing Fee.

TYPE OF LICENSE APPLIED FOR – CONTINUED

☐ Initial Temporary Hearing Aid Dispenser License (Note: A Completed Temporary Hearing Aid Dispenser Sponsorship Agreement Form must be included with this type of Application)

Please provide the following information:

Sponsor's Name _____

Sponsor's Arizona License Number _____ Sponsor's Telephone Number _____

Have you previously taken the Arizona Hearing Aid Dispenser Licensing Examination?

☐ Yes ☐ No If Yes provide dates of examination taken: _____

The Fees associated with this type of Application are a \$100 Application Fee and \$100 Licensing Fee.

LICENSE HISTORY (List all current or previous Hearing Aid Dispenser Licenses held in any State, Territory, or Country)

Jurisdiction	Type of License	License #	Date Issued	Current Status (If Expired Provide Date of Expiration)

PROFESSIONAL AND PERSONAL CONDUCT – If the answer to any of the following questions is Yes, explain fully in a separate signed and dated affidavit.

	Yes	No
1. Are you currently ineligible to apply for a Hearing Aid Dispenser License in any state due to a suspension or revocation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you had a Hearing Aid Dispenser License suspended or revoked in any State within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL AND PERSONAL CONDUCT - CONTINUED

			YES	NO
3. Have you ever been convicted in any state of a felony or misdemeanor involving moral turpitude?			<input type="checkbox"/>	<input type="checkbox"/>
<p>A conviction(s) does not automatically eliminate an Applicant as a candidate for licensing. It does, however, pertain to requirements for "a person of good moral character" as provided in A.R.S. § 36-1923(A)(1). If Yes, please ensure that you explain the conviction(s) fully on a separate signed and dated affidavit. In addition please provide the following information:</p>				
Date of Conviction(s)	Offense(s) Convicted Of	Jurisdiction and State Convicted In	Sentence Imposed	

EDUCATIONAL BACKGROUND (A.R.S. § 36-1923(A)(2) provides that at a minimum an individual have an education equivalent to a four-year course in an accredited high school for licensure as a Hearing Aid Dispenser)

	Yes	No
Do you have an education equivalent to a four-year course in an accredited high school or more advanced degree?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please attach copy of diploma or certificate, or other documentation of being awarded such a diploma or certificate.		

ABILITY TO DISPENSE HEARING AIDS SAFELY – If the answer to the following questions is Yes, explain fully in a separate signed and dated affidavit.

	Yes	No
Do you currently have, or have you had within the past five years, a condition that impairs your ability to dispense hearing aids safely?	<input type="checkbox"/>	<input type="checkbox"/>

FEES: Fees for Hearing Aid Dispenser Licenses vary based on the type license being applied for. Please review the following to ensure that you submit the correct amount of fees with your completed application.

For a **Regular Hearing Aid Dispenser License – License by Examination Application:**

Submit a **\$250.00 Non-Refundable Application Fee** (Check or Money Order payable to: Arizona Department of Health Services) with this Application.

For a **Regular Hearing Aid Dispenser License – License by Reciprocity Application:**

Submit a separate **\$100.00 Non-Refundable Application Fee** and a **\$100.00 License Fee** (Checks or Money Orders payable to: Arizona Department of Health Services) with this Application.

For a **Initial Temporary Hearing Aid Dispenser License Application:**

Submit a separate **\$100.00 Non-Refundable Application Fee** and a **\$100.00 License Fee** (Checks or Money Orders payable to: Arizona Department of Health Services) with this Application. A Completed Temporary Hearing Aid Dispenser Sponsorship Agreement Form must also be included with this Application.

UNLAWFUL ACTS: A.R.S. § 36-1936 provides that no person may willfully make a false, material statement in an application for a license or for renewal of a license. This application must be signed and include all required information.

Your signature on this application indicates that you have provided correct and accurate information in this document. Failure to disclose material information may result in your application for license being denied. Any material information not disclosed in this application may result in any license that has been issued to be suspended or revoked.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL, COMPLETE AND ACCURATE.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Mail completed application and all required documentation, forms and fees to:

Arizona Department of Health Services
Office of Special Licensing
150 North 18th Avenue, Suite 460
Phoenix, Arizona 85007